

FEB 17 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1833

## 1. PLACE OF DEATH

County Jasper  
 Township Galena  
 City Joplin

Registration District No. 411  
 Primary Registration District No. 2002  
 (No. 1519 Mo.)

File No. ....  
 Registered No. ....  
 St. .... Ward

## 2. FULL NAME

(a) Residence, No. 1519 Main Ar. St., Ar. Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 6 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Dave Hilde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1859

7. AGE YEARS 77 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

13. NAME Anonias Brown

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

15. MAIDEN NAME Nettie Criss

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs Belle Schmidt (ADDRESS) 1026 Oak St Chicago

18. BURIAL, CREMATION, OR REMOVAL PLACE Fullerton Center DATE Jan 5, 1937

19. UNDERTAKER Wm. Mortuary (ADDRESS) Chicago

20. FILED 1-5, 1937 Ed J. Jones Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1937

22. I HEREBY CERTIFY That I attended deceased from 1-4, 1937, to 1-4, 1937

I last saw h. Dead Jan 4, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? 50 Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury murder

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. H. Winchester Coroner

(Address) Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

